

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037865

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 279

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Fulton

Length of stay in 1b
30 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

819 Bluff St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Callaway

Inside Limits
Yes ☐ No ☐

c. CITY
OR
TOWN

Fulton

d. STREET
ADDRESS

(If outside, give location)

819 Bluff St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Timothy

Paul

Fansher

4. DATE OF DEATH

Month

Day

Year

Oct

20

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐ Infant ☒

8. DATE OF BIRTH

2/15/61

9. AGE (last birthday)

1

IF UNDER 1 YEAR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Spokane, Washington

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Gene Paul Fansher

13b. MOTHER'S MAIDEN NAME

Patricia Cook

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Gene Paul Fansher

Address

Fulton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Brain injury
Hydrocephalus + convulsive seizures
since age 1 month

INTERVAL BETWEEN ONSET AND DEATH

2 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute pharyngitis, dehydration.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

8 am 2/14/62 death and last saw him alive on 2/17/62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Fulton, Mo.

22c. NAME SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct. 20, 1962

24. NAME OF CEMETERY OR CREMATORY

Rosehill Cemetery

23d. LOCATION (City, town, or county)

Brookfield

23e. STATE

Mo

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

Oct. 20 - 1962

26. REGISTRAR'S SIGNATURE

Maretha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. W. Moore*

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.